Group Support Rate Form Instructions

All data is required for each Group Support rate that you are requesting.

01 **Description:**
This section identifies the group that the rate is supporting.

02 **Group Name/Number:** Provide the name of the group that this rate is intended to support.

03 **Division:** Indicate the division requesting the group support rate.

04 **Responsible Individual:** Identify the individual within the division that is responsible for this Group Support rate.

05 **Program Code Number (XG):** Identify the program code that will be used to track the costs associated with this Group Support rate (this will be an XG** code).

06 **Cost Center:** Provide the cost center(s) to which this Group Support relates.

07 **Effective Date:** Indicate the date that this Group Support rate is expected to be implemented. For most rates, this will be 10/1/96.

08 **Estimated Cost:**
This section provides cost data related to the proposed Group Support rate.
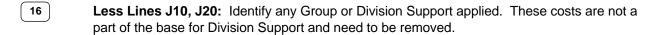
09 **Work Package No.:** Identify the work package number. This number can be obtained directly from the related work package form.

10 **WP Title:** Indicate the title of the program/work package.

11 **FY96 $k:** Indicate the FY96 dollars for this work package. This number can be obtained directly from the related work package form.

12 **FY97 $k:** Indicate the FY97 dollars for this work package. This number can be obtained directly from the related work package form.

13 **Work Package Cost:** Total the work packages related to this Group Support rate for both the FY96 $k and FY97 $k columns.

14 **Modified Total Cost:**
This section identifies the base to be used for this Group Support rate.

15 **Total Group Costs:** This is your anticipated costs for the cost center(s) identified in Item 6, above. Include **operating costs only**. Exclude any P***, Y***, or Z*** codes.

Group Support Rate Form Instructions (continued)

16 **Less Lines J10, J20:** Identify any Group or Division Support applied. These costs are not a part of the base for Division Support and need to be removed.

17 **Less Group XG** Cost:** Indicate any XG costs for this pool that will be billed against this cost center. For example, if this rate request is for XG7B for cost center 7B33 any XG7B costs that are included in the Total Group Costs, above, will need to be removed.

18 **Less Division XD** Cost:** Specify any XD costs for the responsible division. For example, if this rate request is for XG7B (BUS Division), any XD7B costs that are included in the Total Group Costs, above, will need to be removed. Division Support costs are not part of the base for Group Support.

19 **Less Student Costs:** Indicate all Student and Post Doc costs (labor only). They are excluded from the base for Group Support and need to be removed.

20 **Less Expensed Equipment (Fin Acct 60900):** Specify any costs included in your Total Group Costs that will be charged to this financial account. These costs are excluded from the base for Group Support.

21 **Less G&A:** Indicate any G&A costs included in your Total Group Costs. G&A is not a part of the base for Group Support.

22 **Less Recharges:** Specify any Recharge costs included in your Total Group Costs. Recharges are not part of the base for Group Support.

23 **Modified Total Cost:** Subtract Items 16 - 22 from your Total Group Costs, and indicate the remainder here. This represents the base for this Group Support rate.

24 **Rate:** This is a calculation based on prior fields. Divide the total work package cost for each year by the total base for each year to determine the rate.

25 **Approval:** For each rate request, obtain the signature of the appropriate business team leader and the division director/group leader (or responsible manager) before submittal to BUS-3.